24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.	C C00608943
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayaya
Full Name of Payee ANTHRO DIGITAL	Date of Public Distribution/Dissemination
	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET	Amount
City State Zip Code	50000.00
BROOKLYN NY 11215	Transaction ID : SE.4167 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type 004	07 12 2016
Name of Federal Candidate Support Office	ce Sought: X House District: 23
THOMAS W II REED Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	-
	Date of Dishuraness on Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	50000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
CALEB CROSBY [Electronically Filed] Date	07 15 2016
Signature	